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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 055400003	CITY OR TOWN HULL			
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2015	
		CLASS		YEAR	
LICENSEE NAME DOING BUSINESS ADDRESS FITZPA	SA	Γ CLUB INC			
CITY/TOWN: HU		STATE: MA	ZIP CODE:	02045	
MANAGER: JOR		TYPE OF LICENSE: Club		ATEGORY: All Alcohol	
EMAIL ADDRESS: YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY. DESCRIPTION OF LICENSED PREMISES:					
2. the licen	wed license will be see has complied	e of the same type for the swith all laws of the Comm of for business (If not explain	onwealth relating t		
SIGNED BY	Individual, Par	rtner or Authorized Corpor	rate Officer		
DATE:	TELEPH	IONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENS By:	SING AUTHORITY	
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400004	CITY OR TOWN HULL				
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015			
	CLASS	YEAR			
LICENSEE NAME: NANTASKET BE	ACH SALT WATER (CLUB INC.			
DOING BUSINESS A					
ADDRESS FITZPATRICK WAY					
CITY/TOWN: HULL	STATE: MA	ZIP CODE: 02045			
MANAGER: DiCROCE, TAHNYA	PE OF LICENSE: Club	CATEGORY: All Alcohol			
EMAIL ADDRESS:					
YOUR EMAIL ADDRESS IS I	REQUIRED. PLEASE PRINT CLEA	ARLY.			
DESCRIPTION OF LICENSED PREMIS	SES:				
1 STORY BLDG. 24'X125' CONSISTING OF A KITCHEN, DINING ROOM, TWO STORAGE ROOMS, FENCED IN PATIO ON FRONT SIDE OF BLDG., FENCED IN PICNIC AREA ON SOUTHEASTERLY SIDE OF BLDG., EXITS ON EITHER SIDE AND ONE FRONT DOOR.					
I hereby certify and swear under penalties	s of perjury that:				
1. the renewed license will be of	the same type for the same	ame premises now licensed;			
2. the licensee has complied with	all laws of the Commo	onwealth relating to taxes; and			
3. the premises are now open for	business (If not explain	n below)			
SIGNED BY Individual, Partner	or Authorized Corpora	ate Officer			
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:			
		(Note: NOT Individual Social Security Number)			
Acts of 2004, signed by the building in	spector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts			
Please Check Below:		LOCAL LICENSING AUTHORITY			
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)		<u> </u>			
DATE:					

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400005	CITY OR TOWN HULL			
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015		
	CLASS	YEAR		
LICENSEE NAME: BAYSIDE MARKE	TING SYSTEMS INC	2.		
DOING BUSINESS A NANTASKET LO	BSTER POUND			
ADDRESS 50 GEORGE WASH.BLVD.				
CITY/TOWN: HULL	STATE: MA	ZIP CODE: 02045		
MANAGER: O'BRIEN, JAMES E.TYP	E OF LICENSE: Resta	urant CATEGORY: All Alcohol		
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS IS RE	QUIRED. PLEASE PRINT CLEA	RLY.		
DESCRIPTION OF LICENSED PREMISE	ES:			
4990 SQ. FT.,1ST. LEVEL 3850 SQ. FT. ,2ND ROOM.NO CELLAR.A PATIO WITH ONE E DINING ROOM. IN ADDITION A 55X 20 W. SQ. FT. THREE ENTRANCES,ONE ON SOU SOUTHEAST (DELIVERY ENTRANCE.	MERGENCY EXIT ANI ALKWAY AND PATIO	D ONE ENTRANCE THROUGH THE ON SOUTH SIDE OF BUILDING 1100		
I hereby certify and swear under penalties of	of perjury that:			
1. the renewed license will be of the	ne same type for the sa	me premises now licensed;		
2. the licensee has complied with a	all laws of the Common	nwealth relating to taxes; and		
3. the premises are now open for b	ousiness (If not explain	below)		
SIGNED BY Individual, Partner of	or Authorized Corpora	te Officer		
DATE: TELEPHONE				
	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Acts of 2004, signed by the building insp	in possession (1) the coector and the head o	(Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the		
Acts of 2004, signed by the building insp named license and (2) the certificate of l	in possession (1) the c pector and the head o iquor liability insura	(Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the f the fire department for the above		
Acts of 2004, signed by the building inspanmed license and (2) the certificate of lof 2010. Please Check Below: APPROVED:	in possession (1) the coector and the head o iquor liability insura	(Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts		
Acts of 2004, signed by the building inspanmed license and (2) the certificate of lof 2010. Please Check Below: APPROVED: DISAPPROVED:	in possession (1) the coector and the head o iquor liability insura	(Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the fthe fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY		
Acts of 2004, signed by the building inspanmed license and (2) the certificate of lof 2010. Please Check Below: APPROVED:	in possession (1) the coector and the head o iquor liability insura	(Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the fthe fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY		
Acts of 2004, signed by the building inspanmed license and (2) the certificate of lof 2010. Please Check Below: APPROVED: DISAPPROVED:	in possession (1) the coector and the head o iquor liability insura	(Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the fthe fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400075	CITY OR TOWN HULL			
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015		
	CLASS	YEAR		
LICENSEE NAME: Hull's Kitchen, LLC				
DOING BUSINESS A Hull's Kitchen				
ADDRESS 19 Hull Shore Drive				
CITY/TOWN: HULL	STATE: MA Z	ZIP CODE: 02045		
MANAGER: Wicks, Jeffrey P TYPE	OF LICENSE: Restaurar	nt CATEGORY: All Alcohol		
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS IS REQU	UIRED. PLEASE PRINT CLEARLY.			
DESCRIPTION OF LICENSED PREMISES	S:			
one story wood frame bldg containing one room vight side of bldg for outdoor dining, basement for exit/entrance in rear				
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	same type for the same	premises now licensed;		
2. the licensee has complied with all				
3. the premises are now open for bu	siness (If not explain bel	ow)		
SIGNED BY	A 41-12 - 1 C-11-14 C	000		
Individual, Partner or	Authorized Corporate C	omicer		
DATE:		EMPLOYED IDENTIFICATION AND MEDIC		
DATE: TELEPHONE I	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
DATE: TELEPHONE I	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
DATE: TELEPHONE I We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license of 2010.	possession (1) the certicator and the head of the	(Note: NOT Individual Social Security Number) ificate required by Chapter 304 of the te fire department for the above		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license.	possession (1) the certictor and the head of th quor liability insurance	(Note: NOT Individual Social Security Number) ificate required by Chapter 304 of the te fire department for the above		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below: APPROVED:	possession (1) the certictor and the head of th quor liability insurance	(Note: NOT Individual Social Security Number) ificate required by Chapter 304 of the see fire department for the above required by Chapter 116 of the Acts CAL LICENSING AUTHORITY		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below: APPROVED: DISAPPROVED:	possession (1) the certicator and the head of the quor liability insurance	(Note: NOT Individual Social Security Number) ificate required by Chapter 304 of the see fire department for the above required by Chapter 116 of the Acts CAL LICENSING AUTHORITY		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below: APPROVED:	possession (1) the certicator and the head of the quor liability insurance	(Note: NOT Individual Social Security Number) ificate required by Chapter 304 of the see fire department for the above required by Chapter 116 of the Acts CAL LICENSING AUTHORITY		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below: APPROVED: DISAPPROVED:	possession (1) the certicator and the head of the quor liability insurance	(Note: NOT Individual Social Security Number) ificate required by Chapter 304 of the see fire department for the above required by Chapter 116 of the Acts CAL LICENSING AUTHORITY		

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	55400078	CITY OR TOWN HULL			
APPLICATION FOR R	ENEWAL:	Seasonal	LICEN	SED FOR 2015	
		CLASS		YEAR	
LICENSEE NAME: S	UNSET BAY MA	RINA,LLC			
DOING BUSINESS A					
ADDRESS 2 A STREE	Γ				
CITY/TOWN: HULL		STATE: MA	ZIP CODE:	02045	
MANAGER: FOLSO	M,ROBERT. TYP	E OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
YOU	JR EMAIL ADDRESS IS R	EQUIRED. PLEASE PRINT C	LEARLY.		
DESCRIPTION OF LIC	ENSED PREMIS	ES:			
NO DISCRIPTION					
I hereby certify and swea	ar under penalties	of perjury that:			
1. the renewed l	icense will be of t	he same type for the	e same premises now	licensed;	
2. the licensee h	nas complied with	all laws of the Com	monwealth relating t	o taxes; and	
3. the premises	are now open for	business (If not expl	ain below)		
SIGNED BY					
Ir	ndividual, Partner	or Authorized Corp	orate Officer		
D.A.TEL					
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:	
			(Note. <u>NO1</u> III)	lividual Social Security Number)	
Acts of 2004, signed by	the building ins	pector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below: APPROVED:				SING AUTHORITY	
DISAPPROVED:			By:		
(If disapproved explain)					
(11 shouppio rod explain)					
DATE:					

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